Fact Sheets

of the
Department of Alcohol and Drug Programs

March 1998

STATE OF CALIFORNIA
DEPARTMENT OF
ALCOHOL AND DRUG PROGRAMS

Department of Alcohol and Drug Programs Fact Sheets
Part I

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January 1998

Fact Sheet:

The California Department of Alcohol and Drug Programs (ADP)

Overview of Department

The Department of Alcohol and Drug Programs (ADP) is the designated Single State Agency (SSA) responsible for administering and coordinating the State's efforts in alcohol and drug abuse prevention, treatment, and recovery services. ADP is also the primary state agency responsible for interagency coordination of these services. The Governor's Policy Council on Drug and Alcohol Abuse (GPC) was established to facilitate this coordination and is chaired by the Director of ADP.

In partnership with county governments and in cooperation with numerous private and public agencies, organizations, groups, and individuals, ADP provides leadership and coordination in the planning, development, implementation, and evaluation of a comprehensive statewide alcohol and drug use prevention, intervention, detoxification, and treatment and recovery system.

To ensure that the Department receives current, valid input regarding local and statewide issues, ADP established the Director's Advisory Council (DAC) as a vehicle for continuous customer feedback and facilitation of the Department's responses to such community issues. The DAC is discussed in greater detail under the section of this fact sheet entitled ''Advisory Functions''.

Primary Objective

The mission of the Department of Alcohol and Drug Programs (ADP) is to promote the achievement of lifestyles free of alcohol and other drug related problems for the diverse citizens and communities of California. This is achieved through maximizing financial support for prevention, treatment, and recovery programs in California while ensuring quality services, minimizing the infringement of bureaucracy, and documenting treatment successes.

Federal and State Expenditures

The Department of Alcohol and Drug Programs has a budget of $384.8 million for Fiscal Year 1997-98, including $232.5 million in federal funds, $87.9 million in state general funds, and $64.4 million in other funds. Of the $377 million, $359.3 is for local assistance and $25.5 million is for state operations (research, staff costs, etc.).

Department Organization

ADP is organized into five operational divisions:

Program Operations

Quality Assurance

Information Management Services

Prevention Services

Administration

In addition, four specialized offices provide support and internal services:

Legislation

Office of External Affairs
Maria Caudill, Public Information Officer
California Dept. of Alcohol and Drug Programs
1700 K Street, Sacramento, CA 95814
Phone: (916) 323-1706
FAX: (916) 323-5873

External Affairs

Legal Affairs

Internal Audits

Together ADP's offices and divisions work to improve the effectiveness and efficiency of the statewide network of services administered or provided by county governments. In Fiscal Year 1997-98, the Department has a total of 313 authorized positions.

Treatment & Recovery Services

The Department's primary emphasis is planning, development, implementation, ongoing support and expansion of a comprehensive network of treatment and recovery services. Annually, over 300,000 people receive alcohol recovery and drug treatment services through ADP funded programs. These services include outpatient programs; day care; residential programs; and methadone maintenance programs. Approximately 200,000 people attend our DUI programs annually.

ADP optimizes funding for substance abuse treatment and recovery services through managing the distribution of federal block grant funds, administering the Drug/Medi-Cal program which matches state funds with federal Medicaid funds, and coordinating federal categorical grants.

Perinatal Services

ADP administers a statewide network of approximately 208 perinatal alcohol and drug treatment programs. The Perinatal Services Network (PSN) annually serves 9,000 pregnant and parenting women and their 13,500 children (from birth through age 17) and is funded primarily by State, federal and county allocations as well as grants and contributions.

Licensing and Standards

ADP's Quality Assurance Division provides oversight and direction for a statewide endeavor formulated to improve the quality and effectiveness of treatment and recovery services through three principle areas:

- **Licensing and Certification—**Residential facilities that provide nonmedical alcohol or drug recovery or treatment services must be licensed. (Nonresidential programs are not required to be licensed.) Health and safety concerns are the primary focus of the licensing process (e.g., fire clearance, food services, personnel requirements, physical environment, and personal rights).

  As of July 1997, there were 590 facilities operating under license from ADP.

- **Driving-Under-the-Influence Program—**California's driving-under-the-influence (DUI) programs minimize the likelihood that persons convicted of DUI will again drive while under the influence of alcohol or other drugs and allow them the opportunity to confront and deal with their alcohol- or other drug-related problems.

  Today, services are available to residents in all 58 California counties and approximately 200,000 drivers participate in California's programs annually.

- **Narcotic Treatment Program Licensing**--The Department oversees the delivery of narcotic treatment program services (medication, medical evaluation, treatment planning and counseling) to heroin and other opiate addicts. In the area of medication, programs now have two choices in the treatment of narcotic addiction: methadone and LAAM. Methadone had, until now, been the only approved medication for replacement narcotic therapy. LAAM was legislatively approved and signed into law in September of 1995, as another medication available to programs. Programs have been

authorized to use LAAM in the treatment of narcotic addiction since March of 1996.

Methadone maintenance has shown to decrease illicit drug use, assist in preventing the transmission of AIDS virus among drug users, save lives of newborn children born to opiate-addicted mothers, increase employment, and decrease criminality. LAAM maintenance is also expected to achieve similar benefits as methadone maintenance.

ADP staff perform annual on-site inspections of 143 licensed programs at 113 locations. California's narcotic treatment programs have the capacity to treat over 32,000 people a day. The majority of this treatment capacity is utilized for methadone maintenance (as of October 7, 1997, there were 26,193 treatment slots), with the remainder (6,146 treatment slots) designated for a 21-day methadone detoxification regimen.

Prevention Services Division

The prevention programs at the Department use a public health model to reduce alcohol- and drug-related problems.

Federal Safe and Drug Free Schools and Community funding supports the ADP Resource Center, California Mentor Initiative, Partnership for a Drug Free California, and Evaluation Management Training and other technical assistance contracts, California Friday Night Live/Club Live (FNL/CL) statewide youth program and the statewide Drug Free Workplace Program (DFWP).

Additional substrategies for prevention include community health promotion; coalition building; education; information dissemination and skill development; environmental risk reduction; health-focused policy; and law and regulation enforcement. Interagency collaboration and coordination with other state departments on prevention issues is also a main focus to ensure alcohol and other drug problems are appropriately addressed.

The Department also provides assistance to alcohol and other drug programs working with high-risk youth, parents, communities, and special populations within the general population, including ethnic minorities, women, youth, elderly, and the disabled.

The California Mentor Initiative

In 1995, Governor Pete Wilson established the California Mentor Initiative (CMI), a statewide effort to link 250,000 quality mentors with at-risk youth by the year 2000. Studies have shown that mentoring reduces the risk of alcohol and drug use among teens, teen pregnancy, educational failure and gang activity. In an Executive Order, Governor Wilson specified that the Department of Alcohol and Drug Programs establish a Mentor Resource Center as the single point of contact for the California Mentor Initiative.

In addition, Governor Wilson has directed all state departments, agencies, boards and commissions to establish in-house mentoring programs to help meet the goals of the CMI.

Since start of the CMI, over $20 million has been distributed to local mentoring programs throughout the state and helped to raise public awareness about the benefits of mentoring. To reach the Mentor Resource Center, please call 1-800-444-3066. The Department has created the California Mentor Initiative Office to support the statewide expansion of the mentoring strategy.

The Resource Center

The Resource Center serves the needs of communities, organizations, alcohol and other drug programs, community leaders, policy makers, families, and individuals.

The Center maintains its own library of alcohol and drug reference sources and can search on-line databases containing alcohol and other drug information. Available information includes research documents, articles, program descriptions, books, materials, and evaluations to meet communities' resource needs. In addition, Resource Center staff can identify free technical assistance services funded by the Department, and to training and funding information. The Resource Center's calendar lists major California seminars, workshops, conferences, and other events.

Anyone can access the Center's services free of charge. Center staff make a special effort to serve priority populations that have been under served or have special needs. The toll-free number is 1-800-879-2772.

Program Operation Division

ADP analyzes data from prevalence and incidence studies to form periodic needs assessments; maintains an inventory of existing services to identify gaps in services; and formulates new strategies to address those gaps.

In formulating new strategies, the Department uses a public policy development model that includes consulting with experts in the field, undertaking research to fill knowledge gaps, and inviting comment and review of proposed solutions from diverse groups of alcohol and drug service providers, county administrators, university researchers, and others interested in the alcohol and drug abuse field. Such efforts result in new legislation to streamline government, improved regulations that result in better client protection and provider services, and new program initiatives that offer improved outcomes for users of both treatment/recovery and prevention services.

Advisory Functions

The Department effectively supports the alcohol and drug services network, through the following:

- **The Governor's Policy Council on Drug and Alcohol Abuse (GPC)—**Comprised of 17 state departments and agencies, the GPC was established in February 1988, to develop a unified and integrated strategy aimed at combating the complicated array of problems posed by alcohol and other drugs.

  In January 1991, Governor Pete Wilson appointed Andrew M. Mecca, Dr.P.H., as Director of California's Department of Alcohol and Drug Programs, and Chairman of the GPC. Dr. Mecca is responsible for coordinating statewide activities to ensure that California 's programs and policies for addressing alcohol and other drugs are nonduplicative, well-planned, and coordinated.

  - ***The Director's Advisory Council (DAC)*** includes the directors of statewide provider organizations, the president of the county alcohol and drug program administrators, the chairs of eight constituency advisory committees, the chairs of the former state alcohol and drug advisory boards, and a youth ombudsperson.

    The DAC meets three times a year to consider recommendations and to share perspectives face-to-face with ADP's Director. Its members select their highest priority recommendations for submission to the Department for action. ❐

Office of External Affairs *California Dept. of Alcohol and Drug Programs* *Phone: (916) 323-1706*
Maria Caudill, Public Information Officer *1700 K Street, Sacramento, CA 95814* *FAX: (916) 323-5873*

December 1997

Fact Sheet:

The Department of Alcohol and Drug Programs' Advice-Seeking System

Director's Advisory Council:

To ensure the delivery of quality alcohol and other drug abuse services in California, receiving advice from the community is absolutely essential to the Department of Alcohol and Drug Programs (ADP). The Director's Advisory Council (DAC) is a component of an Advice-Seeking System, which also includes eight constituent committees. This system acts as a customer input system, and in essence is a continual "town-hall" meeting. It presents an opportunity for "grassroots" populations to be heard and considered by local and State government. It is designed as one component of feedback that assists ADP in maintaining responsiveness to the community. In addition to its primary role of advising ADP, the DAC provides linkages to communities, which contribute to the effectiveness of programs and policy. The DAC provides a vehicle to communicate and motivate citizens to be involved in alcohol and drug policy issues; its meetings are always open to the public.

The DAC membership includes the Director of ADP; Chief Deputy Director; Deputy Director, Program Operations Division; President of the County Alcohol and Drug Program Administrators Association of California; eight Constituent Committee Chairs (see below); President, California Therapeutic Communities; President, California Association of Alcohol and Drug Program Executives (CAADPE); Executive Director, California Association of Addiction Recovery Resources (CAARR); Executive Director, California Association of Drinking Driver Treatment Programs (CADDTP); President, California Organization of Methadone Providers (COMP); Executive Director, National Council on Alcohol and Drug Dependencies (NCADD); Liaison, County Alcohol and Drug Advisory Boards; Youth Representative; and a Member-at-Large.

Functions of the DAC include, but are not limited to:

- Establishing proactive "listening posts" in the community, so that those who have difficulty with access to prevention and treatment programs can be heard.
- Translating the issues in a way that they can be clearly understood and brought forward to ADP for consideration; integrating theses issues with those of other interested groups; analyzing the data; and, presenting evidence that supports recommendations for changes in policy and/or program.
- Reviewing the effectiveness of current programs and providing a dialogue with the community on such programs.

Some of the expectations of the DAC members are to:

- Become knowledgeable on DAC process and purpose.
- Communicate with their constituency regarding DAC issues and actions.
- Engage in external networking around DAC process and purpose.
- Take initiative to make things better.

Constituent Committees:

The current committees include African-American, Aging, Asian/Pacific Islander, Disability, Gay/Lesbian, Latino, Native-American, and Women. Each constituent committee is composed of six members, plus one county administrator (ex-officio) and, upon request and approval, a youth representative. Members are representative of the population of California, demonstrate knowledge of problems/issues associated with alcohol and other drugs, and are active in their local communities. Members serve as volunteers without compensation, but are reimbursed for necessary travel expenses. Applications for membership receive final review and approval by the Director of ADP.

The goal of each committee is to improve and expand alcohol and drug services for traditionally unserved and underserved populations in California. The committees meet on a regular basis in various locations throughout California. They are also responsible for Town Hall Forums, which are held in various locations to gather input from communities statewide. Continuous networking with constituencies is an important part of being a member of a committee. Constituency issues may be brought forward to the DAC for consideration.

For further information on membership or the Advice-Seeking System, please contact the Department of Alcohol and Drug Programs at (916) 322-8079. ❐

California Dept. of Alcohol and Drug Programs
1700 K Street, Sacramento, CA 95814
Phone: (916) 322-7012
FAX: (916) 323-0653

January 1997

Fact Sheet:

Advice-Seeking System: African American Constituent Committee

The African American Constituent Committee is a component of the Department of Alcohol and Drug Programs' (ADP) Advice-Seeking System. Members are selected through an application process and are approved by the Director of ADP. Committee members are individuals dedicated to improving and expanding alcohol and drug services for traditionally unserved and underserved populations in California; are knowledgeable of the problems associated with alcohol and other drugs; and are active in their local community. They serve as volunteers without compensation, and meet on a regular basis in various locations throughout California to gather and disseminate information. The current membership includes six members who represent various geographical areas statewide. They are:

Name	*County of Residence*
Mr. Edward Grice III, Chair	*Los Angeles*
Ms. Elene Yvonne Felicia Bratton	*San Diego*
* **Mr. Frank Lewis**	*Riverside*
Mr. Gregory Allen Senegal	*San Francisco*
Mr. Terrence Willhite	*Sacramento*

* Representative of the County Alcohol and Drug Program Administrators' Association of California

In addition to their regular meetings, the Committee held a Town Hall Forum in Los Angeles in June 1996. This Forum provided a vehicle for gathering input from members of the African American communities statewide. Issues discussed included managed care, access to effective alcohol and other drug services within the African American community, prevention and treatment, and funding. As a result of the Forum, an issue was submitted to ADP, through the Director's Advisory Council (DAC), proposing that stop-gap funding be provided to assist programs within South Central Los Angeles whose funding has been eliminated. The DAC supported the proposal and the Committee has forwarded their request to the Los Angeles County alcohol and drug program for further action.

Historically, the Committee has made recommendations to ADP to strengthen the development of the Faith Initiative. As a result of an issue submitted to ADP through the DAC, the technical assistance contractor subcontracted with the California Council on Alcohol Problems for expansion of the Faith Initiative.

Continuous networking with constituencies is an important part of being a Committee member. If you are interested in the African American Committee, please contact Edward Grice III at **(213) 778-9220**. ❐

Fact Sheet:

Advice-Seeking System: Aging Constituent Committee

The Aging Constituent Committee is a component of the Department of Alcohol and Drug Programs' (ADP) Advice-Seeking System. Members are selected through an application process and are approved by the Director of ADP. Committee members are individuals dedicated to improving and expanding alcohol and drug services for the traditionally unserved and underserved aging population in California; are knowledgeable of the problems associated with alcohol and other drug use among the aging population; and are active in their local community. They serve as volunteers without compensation and meet on a regular basis in various locations throughout California to gather and disseminate information. The current membership includes seven members who represent various geographical areas statewide. They are:

Name	*County of Residence*
Mrs. Rita Livingston, Chair	*Sacramento*
Ms. Betty Brill	*Sacramento*
Ms. Theodora Gentry	*San Diego*
Mr. Royal F. Morales	*Los Angeles*
Ms. Mary O'Donnell	*Riverside*
* **Dr. Mary L. Thomas**	*Alameda*
Mr. Richard Wilson	*Orange*

* Representative of the County Alcohol and Drug Program Administrators' Association of California

In addition to their regular meetings, the Committee held a Town Hall Forum in Orange County in November 1995. The Forum, "Alcohol and Other Drug Issues Among Older Americans," Program Administrators' Association of California provided a vehicle for gathering input from communities statewide. It was co-sponsored and hosted by the Gerontology Program of Saddleback College and participants were from the Area Agency on Aging in Orange County, the Orange County Human Services Department (which specifically targets caregivers), and professionals and students in the field of gerontology and geriatrics. The guest speaker was Dr. Annabel Pelham from San Francisco State University who is renown for her expertise in the field of gerontology with a special interest in alcohol abuse in the elderly. There were information tables, a poster session and roundtable discussion workshops. The Committee is planning another Town Hall Forum to be held sometime in 1997.

Continuous networking with constituencies is an important part of being a Committee member. If you are interested in the Aging Committee, please contact the Office of Strategic Policy at **(916) 445-1650**. ❐

January 1997

Fact Sheet:

Advice-Seeking System: Asian/Pacific Islander Constituent Committee

The Asian/Pacific Islander Constituent Committee is a component of the Department of Alcohol and Drug Programs' (ADP) Advice-Seeking System. Members are selected through an application process and are approved by the Director of ADP. Committee members are individuals dedicated to improving and expanding alcohol and drug services for the traditionally unserved and underserved population in California; are knowledgeable of the problems associated with alcohol and other drug use; and are active in their local community. They serve as volunteers without compensation and meet on a regular basis in various locations throughout California to gather and disseminate information. The current membership includes seven members who represent various geographic areas statewide. They are:

Name	*County of Residence*
Mr. David Marquez, Chair	*Sacramento*
Ms. Mary Chung	*San Francisco*
Ms. Mai Cong	*Orange*
Ms. Beatrice M. Lee	*San Francisco*
Mr. Walter Philips	*San Diego*
*** Mr. Patrick Ogawa**	*Los Angeles*
Mr. Mike Watanabe	*Los Angeles*

* Representative of the County Alcohol and Drug Program Administrators' Association of California

In addition to their regular meetings, the Committee held a Town Hall Forum in April 1995 in Sacramento. The Forum, which was a coordinated effort of the Committee and the Asian Pacific Islanders California Action Network (APIsCAN), provided an opportunity to network with various representatives of the Asian/Pacific Islander community. This was the Committee's first opportunity to invite members of the Asian/Pacific Islander community throughout California to participate in an information gathering forum and strategy session related to treatment/recovery, prevention and intervention, and other related issues in this specific population. In addition, issue papers on alcohol and other drug treatment and prevention were presented and information on legislation was provided.

Many of the Committees regular meetings are held in conjunction with statewide conferences in order to provide members the opportunity to network with their constituency. It is anticipated that the Committee will collaborate with APIsCAN on another Town Hall Forum in 1997.

Continuous networking with constituencies is an important part of being a Committee member. If you are interested in the Asian Pacific Islander Committee, please contact David Marquez at (916) 443-6353. ❐

January 1997

Fact Sheet:

The California Association of Addiction Recovery Resources

The California Association of Alcoholic Recovery Homes (CAARH) is now doing business as the California Association of Addiction Recovery Resources (CAARR) to better reflect the expansion of our scope of interest and the needs of the individual we serve.

Comprised of individuals and programs who are among California's most highly respected practical researchers and refiners of social model recovery, CAARR's singular purpose is to provide a positive impact on the suffering alcoholic and addict population and to assist families as well as the community in general. CAARR is a membership organization which accomplishes its goals through dedication to facilitation of communication and cooperation among social model recovery programs.

The Association offers a variety of assistance to recovery programs, social model detoxification centers, neighborhood recovery centers, sober living environments, and groups of individuals proposing to begin new programs. The assistance often takes the form of program and management consultation services, extensive education offerings, support, and advocacy.

As a non-profit corporation in good standing, CAARR is exempt from both state and federal taxes. Activities are supported through membership dues, educational materials and presentations, and contracts with various governmental entities for the provision of technical assistance and training services. The budget supports a small coordinating staff, but much of the Association's work is accomplished through the efforts of trained volunteers and volunteer committee members.

Over twenty-five years ago California recovery homes, grouped in regional affiliation at that time, began a tradition of practical learning and sharing of experience in social model alcoholic recovery. Joining together statewide, many of those same facilities are today members of CAARR. For more than two decades the Association has sought above all to preserve continuity of that tradition of integrity through the careful practice of established recovery principles. Such fundamentals as volunteerism and mutual self-help have been found essential to CAARR's proven success in addressing the real issues of recovery for the alcoholic and addict, the family and the community.

If you would like more information about CAARR, please contact: CAARH, Susan Blacksher, Executive Director, 5777 Madison Avenue, Sacramento, CA 95841; telephone - (916) 338-9460. ❐

January 1997

Fact Sheet:

California Association of Alcohol and Drug Program Executives, Inc. (CAADPE)

Services Provided:

Advocacy: The association and its members are involved in political action at the state, county, and federal levels.

Communication: Officers and staff of CAADPE meet regularly with members of the Legislature and officials of the State Department of Alcohol and Drug Programs to bring forward the concerns of the Association's members and to participate in any anticipated or planned decisions regarding regulatory and fiscal actions.

Education: Educational and training materials are developed and disseminated from time to time to enhance the knowledge and skills of service providers.

Networking: Promotion of cooperative networks among public and private entities and alcohol and drug service providers is accomplished by holding regular meetings, providing telephone assistance and referrals in addition to the annual conference.

Benefits of Membership:

A: Association belongs to a statewide organization committed to the furtherance of cost effective, high quality, successful, comprehensive alcohol and drug abuse prevention, intervention, treatment, and recovery services throughout California.

B: Broad based political advocacy is provided and guided by a paid political consultant. Members are trained in political advocacy skills and developing their own specific political advocacy programs. Although the association is mainly concerned with State level political action, federal and local actions are addressed in trainings and in advice given through the members and the consultant.

C: Current timely information about pending legislation and regulations concerning the field is provided immediately via fax and letters generated in Sacramento. The association President sends a letter to the members at least bi-monthly updating all on what is happening in the Legislature, the Department, and the association.

Action Plan:

Prevent the loss of significant, successful, alcohol and drug prevention, intervention and treatment/recovery programs and services in California.

Preserve successful alcohol and drug abuse prevention, intervention and treatment/recovery programs and services in California. Research, develop, and implement options for gaining assistance from other professionals and industries to guarantee the preservation of these services in California.

Strengthen the ability of CAADPE and its members to reach and influence decision makers in California to ensure that quality, comprehensive, cost effective alcohol and drug services are maintained and increased in California as the need warrants.

Provide for a better organized State association that meets the needs of members where they live and work. To this end, CAADPE is actively recruiting members from all counties in California and will implement a system for meetings that emphasize both State and regional coordination to fulfill the differing needs of both areas.

For more information on CAADPE you may contact the membership office at (916) 442-4616. ❐

January 1997

Fact Sheet:

California Association of Drinking Driver Treatment Programs (CADDTP)

The California Association of Drinking Driver Treatment Programs, also commonly referred to as ''CADDTP,'' is a non-profit, mutual benefit organization which was incorporated in California in 1986. CADDTP is self-supported, mainly through membership dues and contributions. There are several categories of active membership in CADDTP: (1) organizational membership is limited to state-licensed driving-under-the-influence (DUI) programs; (2) individual membership is open to individuals who support the Association's activities; and (3) associate membership is designated for those other organizations who wish to participate in and support the Association. CADDTP's policies are established by a volunteer board of directors which is elected from among those individuals who are designated representatives of organizational members.

CADDTP's organizational membership currently includes a significant number of the several hundred programs licensed by the California Department of Alcohol and Drug Programs to provide post-conviction education and counseling services to those convicted of a first or multiple DUI offense. Over 200 persons, most of whom are employed in DUO programs as counselors, instructors or administrators, comprise CADDTP's individual membership.

CADDTP is a pro-active organization which seeks to promote understanding of, improve, and sometimes preserve, the role of DUI programs in California's approach to alcohol and drug impaired driving. CADDTP also seeks to evaluate and enhance the services offered by its members and others in providing DUI programs throughout the State. The following is a sampling of just two of the major areas of the Association's activities in furtherance of its goals:

Legislation - CADDTP has successfully ''sponsored'' six legislative measures and has been materially involved in the development and/or revision of a number of other legislative proposals related to DUI in California. The latter include statutes ranging from ''admin per se'' license suspension/ revocation, to ignition interlock devices, and even to ''boating-under-the-influence.''

Professional Development - CADDTP began holding semi-annual educational forums, open to both members and non-members, in 1987. These forums cover a wide range of topics of interest to DUI program personnel. CADDTP also began a DUI program staff ''certificating'' program in 1988. Well over 600 individuals have received certificates in the last 8 years.

Further information about CADDTP may be obtained by contacting the Association at 1014 11th Street, Room 108, Sacramento, CA 95814, (800) 464-3597 or (916) 621-3597; FAX (916) 621-1773. ❐

January 1997

Fact Sheet:

California Organization of Methadone Providers

The California Organization of Methadone Providers (COMP) represents all methadone treatment providers within the State of California. COMP's Board of Directors is equally balanced with northern and southern California representatives.

COMP's members/providers are responsible for the treatment of approximately 30,000 opioid dependent persons each day. Services are provided by approximately 210 licensees at 146 separate locations, making California the single largest methadone treatment system in the United States.

COMP has existed in various forms for approximately 20 years, and has been instrumental in the passage of important legislation and promulgation of regulations. COMP is a source of education and support for its membership, as well as, other physical and mental health treatment providers. COMP is represented on the Board of Directors of the American Methadone Treatment Association (AMTA) and the American Society of Addiction Medicine (ASAM).

COMP's members are responsible for the administration and provision of services to opioid dependent individuals, often suffering from infectious diseases including HIV, Hepatitis C, and Tuberculosis. Most methadone maintained patients evidence severe enough mental health problems to require treatment. COMP's responsibilities include much more than ''drug replacement therapy.'' Methadone treatment providers are truly an extension of the public health system, safeguarding the general populace from the spread of contagious diseases.

For more information on COMP please call (619) 283-7228, or fax inquiries to (619) 283-0613 ❐

January 1997

Fact Sheet:

County Alcohol and Drug Program Administrators Association of California (CADPAAC)

What is CADPAAC?

The County Alcohol and Drug Program Administrators Association of California, Inc., is an organization comprised of the designated County Alcohol and Drug Program Administrators representing the 58 counties within California.

As specified by California law, the alcohol and drug program administrator in each county is required to attend quarterly meetings to consult with representatives of the State Department of Alcohol and Drug Programs on issues of statewide significance. To facilitate this process the administrators chose to organize through the formation of the CADPAAC, a not for profit corporation.

As an organization CADPAAC is dedicated to the reduction of individual and community problems related to the use of alcohol and other drugs.

Mission Statement

CADPAAC is an organization of county alcohol and drug program administrators dedicated to the reduction of individual and community problems related to the use of alcohol and other drugs.

The Role and Purpose of CADPAAC

CADPAAC recognizes the central role of the county alcohol and drug program administrator in relation to the county alcohol and drug program, the local community, and the state/county partnership for provision of alcohol and drug services in California. This role is clearly defined in law through the specification of the administrators powers and duties. Those duties include: coordination of local planning process; administration of federal, state and local alcohol and drug program funds; assurance of compliance with anti-discrimination laws; provision of reports and information to, and coordination with, the advisory board; coordination with health planning agencies; conducting evaluation studies; participation in program quality assurance processes; management and monitoring of first and multiple offender drinking driver programs; participation in the process for establishing state regulations; and, representation of the county at meetings of the county alcohol and drug program administrators.

CADPAAC further recognizes that the role and responsibilities of the administrator have been expanded by the legislature to help ensure that the Department of Alcohol and Drug Programs and the counties maintain a cooperative partnership to assure effective implementation of alcohol and drug programs and policy in California. That the State Department recognizes the counties as sub-divisions of the state, as defined in the California Constitution, and not just as providers of services.

The special relationship which exists between the alcohol and drug program administrators and the Department is clearly delineated through the requirements that the Department consult with the administrators in establishing standards, regulations, and major policy and administration. This relationship is facilitated through provisions of law authorizing the administrators to organize, adopt bylaws and annually elect officers. The law also provides for the use of allocated funds for administrators to attend quarterly meetings and for reasonable dues for any related activities and meetings. The administrators chose to organize through the formation of a non-profit corporation called the County Alcohol and Drug Program Administrators Association of California, Inc.

As an organization, CADPAAC's role should be pro-active and one of advocacy and promotion of alcohol and other drug related issues. Through participation in the process for development of program standards, adoption of regulations, and consultation with the Department of Alcohol and Drug Programs on major policy and administration, CADPAAC intends to initiate and address philosophic and programmatic change and development in the field.

While carrying out the provisions of enacted law related to the administration of county alcohol and other drug programs, CADPAAC advocates for policy and procedural change which will enhance the ability of those programs to impact alcohol and other drug related problems.

CADPAAC supports positions on legislation, as well as actively propose legislative change which will enhance the provision of alcohol and other drug programs, or reduce the prevalence of alcohol and other drug problems in California. ❐

(800) 879-2772; (800) 444-3066
TTY: (800) 445-1942
California Dept. of Alcohol and Drug Programs
1700 K Street, Sacramento, CA 95814
FAX: (916) 323-1270
http://www.adp.cahwnet.gov

January 1997

Fact Sheet:

Advice-Seeking System: Disability Constituent Committee

The Disability Constituent Committee is a component of the Department of Alcohol and Drug Programs' (ADP) Advice-Seeking System. Members are selected through an application process and are approved by the Director of ADP. Committee members are individuals dedicated to improving and expanding alcohol and drug services for the traditionally unserved and underserved population in California; are knowledgeable of the problems associated with disabilities and alcohol and other drug use; and are active in their local community. They serve as volunteers without compensation and meet on a regular basis in various locations throughout California to gather and disseminate information. The current membership includes five members who represent various geographic areas statewide. They are:

Name	*County of Residence*
Ms. Hazel Weiss, Chair	*Alameda*
*** Ms. Carol Addiss**	*Riverside*
Ms. Alexandra Baldwin	*Los Angeles*
Mr. Joseph Shinn Leonard	*Nevada*
Ms. Virginia Paja	*Ventura*

* Representative of the County Alcohol and Drug Program Administrators' Association of California

In addition to their regular meetings, the Committee held a Town Hall Forum in Berkeley on June 13, 1996. Assisted by the Pacific Research and Training Alliance (PRTA), the format for the Forum was an open discussion and participants represented a number of communities from as far north as Yuba City, as far south as San Diego and communities in the San Francisco Bay area. Programs/individuals represented were disability service agencies, Department of Rehabilitation, Kaiser Permanente, county probation, people with disabilities who are in recovery, and alcohol and drug programs staff.

The purpose of the Forum was to document the most serious problems people with disabilities have accessing alcohol and drug treatment services, and to discuss and suggest possible solutions to these problems. A panel of experts responded to concerns by participants and held a discussion of problems and possible solutions.

Through an issue referral to the Director's Advisory Council (DAC), the committee proposed disability sensitivity training for all ADP employees to give them more awareness of issues regarding people with disabilities. The committee is working with ADP's training officer to plan and schedule this training.

Continuous networking with constituencies is an important part of being a Committee member. If you are interested in the Disability Committee, please contact Hazel Weiss at **(510) 670-5941**. ❐

(800) 879-2772; (800) 444-3066
TTY: (916) 445-1942
CA Dept. of Alcohol and Drug Programs
1700 K Street, Sacramento, CA 95814
FAX: (916) 323-1270
http://www.adp.cahwnet.gov

January 1997

Fact Sheet:

Advice-Seeking System: Gay/Lesbian Constituent Committee

The Gay/Lesbian Constituent Committee is a component of the Department of Alcohol and Drug Programs' (ADP) Advice-Seeking System. Members are selected through an application process and are approved by the Director of ADP. Committee members are individuals dedicated to improving and expanding alcohol and drug services for the traditionally unserved and underserved Gay and Lesbian population in California; are knowledgeable of the problems associated with alcohol and other drug use among this population; and are active in their local community. They serve as volunteers without compensation and meet on a regular basis in various locations throughout California to gather and disseminate information. The current membership includes seven members who represent various geographic areas statewide. They are:

Name	*County of Residence*
Mr. Michael Browning, Chair	*Los Angeles*
Ms. Ayofemi Stowe Folayan	*Los Angeles*
Ms. Cheryl Houk	*San Diego*
Ms. Dominique Leslie	*San Francisco*
Mr. Jason Mehrtens	*Los Angeles*
Ms. Maria Morfin	*Sutter*
*** Mr. Joseph Pendry, L.C.S.W.**	*San Benito*

* Representative of the County Alcohol and Drug Program Administrators' Association of California

In addition to their regular meetings, the Committee held a series of Town Hall Forums in the cities of Santa Rosa, San Diego, Sacramento, Fresno, and Riverside. Participants were provided with a description and history of the Director's Advice-Seeking System, an overview of the accomplishments of the Committee, and various topics were discussed including identifying service gaps, community resources, problematic resources, etc. The Committee anticipates holding another Town Hall Forum in Chico (Butte County) sometime in the future.

As a result of the Gay/Lesbian Committee's submission of issues to ADP, a committee was convened to review and revise the ADP Community Services Directory that will identify specific program characteristics which will better facilitate client choices. In addition, a Technical Assistance contract for Gay and Lesbian issues was funded by ADP.

Continuous networking with constituencies is an important part of being a Committee member. If you are interested in the Gay/Lesbian Constituent Committee, please contact Michael Browning at **(818) 905-9998.** ❐

January 1997

Fact Sheet:

Advice-Seeking System: Latino Constituent Committee

The Latino Constituent Committee is a component of the Department of Alcohol and Drug Programs' (ADP) Advice-Seeking System. Members are selected through an application process and are approved by the Director of ADP. Committee members are individuals dedicated to improving and expanding alcohol and drug services for the traditionally unserved and underserved Latino population in California; are knowledgeable of the problems associated with alcohol and other drug use among this population; and are active in their local community. They serve as volunteers without compensation and meet on a regular basis in various locations throughout California to gather and disseminate information. The current membership includes five members who represent various geographic areas statewide. They are:

Name	*County of Residence*
Dr. Carmen Carrillo, Chair	*Alameda*
Ms. Linda Campos-Tantardino	*San Bernardino*
Mr. Marcelo Garcia	*Tulare*
Mr. Larry Gasco	*Los Angeles*
* **Mr. Al Rodriguez, Administrator**	*Lake*

* Representative of the County Alcohol and Drug Program Administrators' Association of California

Some of the activities of the Latino Committee include:

- Participation in the Festival de la Familia in Sacramento to provide information on alcohol and drug programs/services in the Latino community.

- Meeting in Los Angeles County with the program director of a program whose services include family health and early intervention and offers diverse activities to at-risk youth, their families and the community.

The Latino Constituent Committee, in an issue submitted to ADP through the Director's Advisory Council (DAC), encouraged ADP to review the implementation of the Minority, Women and Disabled Veteran Business Enterprises (MWDVBE) requirements within ADP's contracting process. As a result, modifications were made to the MWDVBE information included in the contracts packet in order to assist bidders in understanding the process and requirements to help them in developing this portion of their proposal.

Continuous networking with constituencies is an important part of being a Committee member. If you are interested in the Latino Committee, please contact Linda Campos-Tantardino at **(909) 387-7677**. ❐

January 1997

Fact Sheet:

National Council on Alcoholism and Drug Dependence of California (NCADD)

The NCADD was founded in 1944 by Mrs. Marty Mann, the first woman to stay sober in Alcoholics Anonymous. Her objective was to create a nationwide community-based organization to teach the American public that alcoholism was a treatable and preventable disease and to reduce the stigma associated with the disease. In the process, NCADD created the field of alcoholism and other drug addictions as it exists today.

NCADD established the first library on alcoholism, produced the first publications on alcoholism for national distribution, held the first national general interest conference on alcoholism, offered the first prevention and education classes, and started the first Employee Assistance Program. NCADD, through its Affiliates and friends in Congress, was responsible for passage of the Hughes Act in 1970 which established the National Institute on Alcohol Abuse and Alcoholism, and consequently, the entire federal structure for research, prevention, and education in the field of alcoholism and other drug addictions.

NCADD founded the Research Society on Alcoholism, the Employee Assistance Professional Association, and the National Nurses Society on Addictions -- all now separate organizations that play a vital role in the field. The American Society of Addiction Medicine was also once part of NCADD. In the almost fifty years since its founding, NCADD has created or nurtured these and other organizations which have grown and flourished to provide the diversity of thought and action which characterizes the field today.

In 1944, 85% of the American public thought alcoholism was not a disease. In 1987, more than 85% of Americans recognize it as a disease thanks to the untiring efforts of NCADD and the many organizations it has created, nurtured, and supported.

Through its national office and almost 200 Affiliates throughout America, NCADD offers medical and scientific information, prevention, and education programs, public awareness campaigns, public advocacy at the state and national levels, counseling and referral programs and 800 help lines. Hundreds of thousands of hours of volunteered time help literally millions of Americans.

Without NCADD and its distinguished history, the world as we know it would be a very different place.

For further information on NCADD, its Affiliates, national office, or legislative office, please contact the California State Office of NCADD at (916) 442-1756. ❐

January 1997

Fact Sheet:

Advice-Seeking System: Native American Constituent Committee

The Native American Constituent Committee is a component of the Department of Alcohol and Drug Programs' (ADP) Advice-Seeking System. Members are selected through an application process and are approved by the Director of ADP. Committee members are individuals dedicated to improving and expanding alcohol and drug services for the traditionally unserved and underserved Native American population in California; are knowledgeable of the problems associated with alcohol and other drug use among this population; and are active in their local community. They serve as volunteers without compensation and meet on a regular basis in various locations throughout California to gather and disseminate information. The current membership includes six members who represent various geographic areas statewide. They are:

Name	*County of Residence*
Ms. Rose Lydia Clark, Chair	*Los Angeles*
* **Mr. Michael Beard**	*Lassen*
Mr. Earl W. Lent	*Inyo*
Mr. Benjamin Magante	*San Diego*
Mr. Lawrence Romero	*Los Angeles*
Ms. Helen Waukazoo	*Alameda*

* Representative of the County Alcohol and Drug Program Administrators' Association of California

The Native American Constituent Committee conducts meetings to discuss issues related specifically to the Native American population of California. Concerns by members of the Committee include alcohol and drug services for the Native American population who have limited Indian-specific treatment services within their county of residence.

The Committee submitted an issue through the Director's Advisory Council (DAC) requesting a specific research project to estimate alcohol and drug problems among Native American women. A study was undertaken which identifies the needs and risk behaviors of American Indian/Alaskan Native pregnant and parenting women in rural and urban sites in California who may be at risk for substance abuse. Members of the Committee assisted in writing the Foreward and Afterward sections of the document. The study report is not yet available.

The Committee has a strong interest in the managed system of care and is kept current on this issue by receiving all information and meeting notices of the Managed Care Policy Advisory Committee.

In addition to their regular meetings, the Committee plans to hold three major Town Hall Forums in 1997 in Sacramento, San Diego and Los Angeles. The Forums will provide a vehicle for gathering input and needs assessment information from the Native American community statewide.

Continuous networking with constituencies is an important part of being a Committee member. If you are interested in the Native American Constituent Committee, please contact Rose Lydia Clark at:

Phone: (818) 558-0092
E-Mail: ROSELCLARK@AOL.COM

January 1997

Fact Sheet:

Advice-Seeking System: Women's Constituent Committee

The Women's Constituent Committee is a component of the Department of Alcohol and Drug Programs' (ADP) Advice-Seeking System. Members are selected through an application process and are approved by the Director of ADP. Committee members are individuals dedicated to improving and expanding alcohol and drug services for the traditionally unserved and underserved female population in California; are knowledgeable of the problems associated with alcohol and other drug use among this population; and are active in their local community. They serve as volunteers without compensation and meet on a regular basis in various locations throughout California to gather and disseminate information. The current membership includes six members who represent various geographic areas statewide. They are:

Name	*County of Residence*
Ms. Virginia Saldana-Grove, Chair	*Sacramento*
Ms. Laurie Drabble	*Alameda*
Ms. Theresa Hernandez	*Fresno*
Ms. Toni Mosley	*Los Angeles*
*** Joan Parnas**	*Yolo*
Ms. Deborah Werner	*Los Angeles*

* Representative of the County Alcohol and Drug Program Administrators' Association of California

The Women's Constituent Committee conducts meetings on a regular basis to network and develop issues to present to ADP. In addition to their regular meetings, the Committee held a Women's Alcohol and Drug Policy Summit in Napa and Sacramento. Participants were women knowledgeable and highly qualified to address policy issues.

The first ''Summit'' included a brainstorming session where participants presented their perspectives concerning the relevant issues regarding alcohol/drug abuse services for women. The subsequent ''Summit'' participants included women who are representative of the priority areas identified. These include managed care, criminal justice system and culturally/population specific services. A preliminary report has been developed, and a final ''Summit'' report will be presented to ADP sometime in 1997.

In an issue submitted to ADP through the Director's Advisory Council (DAC), the Women's Committee, recommended that ADP review the implementation of the Minority, Women and Disabled Veteran Business Enterprises (MWDVBE) requirements within ADP's contracting process. As a result, the information on MWDVBE requirements was modified in the contracts packet provided to bidders.

Continuous networking with constituencies is an important part of being a Committee member. If you are interested in the Women's Constituent Committee, please contact Virginia Saldana-Grove at **(916) 448-2951**. ❐

November 1997

Fact Sheet:

Alcohol- and Drug-Free Housing (Sober Living)

General Information

Alcohol- and drug-free houses (also known as sober living) play an important role in supporting treatment and recovery services in a community by helping recovering persons to maintain an alcohol- and drug-free lifestyle. Residents are free to organize and participate in self help meetings or any other activity that helps them maintain sobriety. The house or its residents do not and cannot provide any treatment, recovery, or detoxification services, do not have treatment or recovery plans or maintain case files, and do not have a structured, scheduled program of alcohol and drug education, group or individual counseling, or recovery support sessions. Persons typically become residents of an alcohol- and drug-free house after being in a licensed nonmedical residential alcohol or other drug recovery or treatment facility. However, participation in a licensed facility is not necessarily a prerequisite for residency.

Alcohol- and drug-free houses are not required to be licensed nor are they eligible for licensure. By definition, they do not provide alcohol or drug recovery or treatment services and are, therefore, not subject to regulation or oversight by the State Department of Alcohol and Drug Programs.

What is important about these houses is that all have three things in common. First, they make sure that a person who is in recovery lives in a place that is free from alcohol and drug use. Second, the residents themselves reinforce their recovery through support with other recovering persons. Finally, the residents are free to voluntarily pursue activities to support their recovery, either alone or with others.

If you need an alcohol- and drug-free house

Although general information about alcohol- and drug-free housing is useful, personal investigation is essential. If you are interested in a particular house, you may wish to consider whether:

- The house appears clean and well maintained.
- There is a rental agreement for each resident, signed by the landlord, owner, or representative and the resident, that shows clearly the amount of any deposit, refund policy, rent payment schedule, policy on return of rent if a person leaves, and housekeeping duties.
- There are other conditions of residency.
- There is a written policy dealing with use of alcohol or other drugs.
- Local planning officials have any record of local ordinance violations at the house.
- Residents or former residents who are willing to speak with you about their experience with the house, have good things to say about it.
- It is recommended to you by the staff of a licensed facility, by the county alcohol or drug program administrator, or by other personal contacts who are knowledgeable about alcohol or drug abuse treatment or recovery.

Quality Assurance Division
Licensing and Certification Branch
CA Dept. of Alcohol and Drug Programs
1700 K St., Sacramento, CA 95814
Phone: (916) 322-2911
FAX: (916) 323-0659; TDD: (916) 445-1942

Landlord/Tenant Rules

Alcohol- and drug-free houses are subject to landlord/tenant laws in California, and may be subject to zoning and other requirements of the local jurisdiction. The ''Guide to Housing'' referenced below recommends that you check local laws carefully and, with the help of an attorney, determine how the laws might apply to your situation. For example, if you want to start a alcohol- and drug-free living house you might need to know how to design a rental agreement to allow for prompt eviction for violation of house rules when eviction is necessary. You may want to become familiar with the more applicable laws that include the following:

- California Civil Code beginning with section 53 and California Government Code beginning with section 12980 (nondiscrimination in housing),
- California Civil Code beginning with section 1940 (landlord/tenant laws), and
- California Code of Civil Procedure beginning with section 1159 (eviction procedures), and
- Public Law 100-430 (Federal Fair Housing Amendments Act; forbids discrimination on basis of disability in sale, rental, zoning, land use restriction, and other rules).

Other sources of information about alcohol-and drug-free houses

☐ ***Department of Alcohol and Drug Programs***
Resident Run Housing Programs
1700 K Street
Sacramento, CA 95815-4037

The Department of Alcohol and Drug Programs offers a loan program whereby six or more persons may apply for a loan of up to $4,000 to cover initial start-up expenses. The loan is repayable over a two year period, and is interest free.

☐ ***California Association of Addiction Recovery Resources***
5777 Madison Avenue, # 1210,
Sacramento, CA 95841
(916) 338-9460

This association has an excellent guideline for establishing and operating an alcohol- and drug-free house.

☐ ***Sober Living Network***
P.O. Box 5235
Santa Monica, CA 90409
(310) 396-5270

The network serves as an information resource for local community sober living coalitions and individual homes.

☐ ***County alcohol and drug programs.***

Each county in California has a program, which can be found listed in the County Government Section of the telephone directory white pages, or by calling the County Health Department general information number.

☐ ***Oxford House Inc.***
P.O. Box 994
Great Falls, VA 22066-0994

An Oxford House is a self-governing alcohol- and drug-free house chartered by Oxford House Inc. The first Oxford House was founded in 1975 by the residents themselves. Oxford House, Inc. will issue a charter to a group wishing to organize an Oxford House. They should be able to direct you to the nearest chartered Oxford House.

☐ ***A Guide to Housing for Low Income People Recovering from Alcohol and Other Drug Problems. U.S. Department of Public Health Services, National Institute on Alcohol Abuse and Alcoholism, 5600 Fishers Lane, Rockville, MD 208576*** . ❐

February 1997

Fact Sheet:

Alcohol & Drug Prevention in California: A Brief History

A synopsis of prevention programs in California from the 1980's to the present is outlined below. Where relevant, comparisons to national events in the field of alcohol and drug prevention are included for perspective.

The 1980's - California's Perspective

The Department of Alcohol and Drug Abuse became the Department of Alcohol and Drug Programs (ADP) in 1980 with separate administrative divisions for Alcohol Programs and Drug Programs.

ADP convened a Prevention Task Force in 1982 to develop a statewide prevention plan addressing alcohol-related problems. The outcome of this Task Force was the *Framework for Community Initiatives*, a comprehensive prevention planning document that contained a public health model approach to alcohol-related problems.

A media campaign entitled ''Learn to Say No'' began in 1983. Activities included public service announcements in English and Spanish, posters and bumper stickers, and an activity booklet for primary schools.

In 1984, the Friday Night Live (FNL) program was established to address the growing problem of teenage drinking and driving. FNL began as a pilot program in Sacramento County and was transferred to the State ADP in 1988 for implementation in all 58 counties.

In 1984, *Comprehensive Alcohol & Drug Abuse Prevention Strategies* was published and disseminated statewide. The purpose of this book was to offer communities examples of specific strategies for AOD prevention that have yielded successful results.

Teenwork, an annual alcohol and drug prevention training institute planned and implemented by youth, began in 1985 and has reached over 6,000 young people.

The Red Ribbon Campaign began in 1985 as part of the national campaign to raise awareness of healthy and drug-free lifestyles during a week in October.

In 1986, ADP developed and disseminated the *Manual for Community Planning to Prevent Problems of Alcohol Availability*. This manual focused on practical approaches for communities to utilize in dealing with environmental problems of alcohol availability. It provided strategies for working with the local office of the Department of Alcoholic Beverage Control (ABC) to develop community plans and use local ordinances to prevent alcohol problems.

In 1989, ADP combined alcohol and drug prevention efforts into one division.

The 1980's - The National Perspective

The Omnibus Budget Reconciliation Act of 1981, Public Law 97-35, mandated that 20% of the amount allotted to the state under the Alcohol, Drug Abuse and Mental Health Services block grant be expended for prevention programs.

The Anti-Drug Abuse Act of 1986 created the federal Office of Substance Abuse Prevention (OSAP), advancing the practice and professionalism of prevention services.

The Drug Free Schools and Communities Act was passed in 1986 providing new funding to California for alcohol and drug prevention programming.

The Office of National Drug Control Policy (ONDCP) was established in 1988 with the objective to establish drug policies for both the public and private sector. Emphasis was placed on drug trafficking and border programs.

The federal Center for Substance Abuse Prevention (CSAP) funded 26 community partnership grants in California at almost $11 million a year for 5 years.

The 1990's - California's Perspective

The *Framework for Preventing Alcohol and Drug Problems* was developed in collaboration with a team of prevention experts and disseminated in 1990. This was the first document developed within California

Office of the California Mentor Initiative
CA Dept. of Alcohol and Drug Programs 1700 K Street, Sacramento, CA 95814
Phone: (800) 444-3066 FAX: (916) 323-0633; TDD: (916) 445-1942

which combined alcohol and drug prevention strategies into a unified approach.

In 1991, the Prevention Branch within ADP became the Office of Prevention.

Special population technical assistance contractors were augmented to include prevention services.

Drug Free Workplace (DFWP) Initiative began in 1990 with the passage of the DFWP Act. Projects have included a four-county demonstration project, technical assistance to employers on drug testing and other related issues, and a DFWP recognition project which provides decals and proclamations to employers that wish to declare their workplace as ''drug-free.''

Club Live (CL), a junior high component to the Friday Night Live Program was developed in 1991. Currently, CL is in 48 of the 58 California counties.

Partnership for Drug Free California started in 1992 to increase the airtime and print space for anti-drug messages.

In 1993, Assembly Bill (AB) 1741 authorized six counties to blend various children and family services funds to support implementation of innovative strategies at the local level to provide comprehensive integrated services to children and families. CYFC participates on the AB 1741 work group and state team and has affected policy such as the implementation of the pilot program, facilitation of waivers to regulations, expansion of the program to include adults as well as children and family systems in certain counties, determination of the scope of the program evaluation, and recommendations on streamlining county administrative procedures.

Since 1993, CYFC has participated on the Interagency Coordinating Council (ICC) for California's Early Start Program. CYFC's responsibilities included developing policies to include infants and toddlers born to substance abusing women as eligible for early intervention services because of their risk of developmental disabilities. CYFC provided input and recommendations to the ICC to address Early Start's authorizing legislation, which has a ''sunset'' clause that discontinues the program as of January 1, 1998.

Since 1994, CYFC has participated in the State Collaborative Advisory Committee to DSS to improve the child welfare program. CYFC participated on an initial work group focusing on the vision for the Family Preservation and Support Program (FPSP) and helped develop a state-level plan which was submitted to the federal government for implementation of the FPSP at local levels.

Statewide responsible beverage service standards were developed in 1994 by the California Coordinating Council on Responsible Beverage Service (CCC/RBS). The CCC/RBS was formed and operated under a three-year contract with ADP. Funding for this project was provided by the California Office of Traffic Safety (OTS).

In 1994, CYFC was involved with DSS' implementation of the case management element of Cal-Learn, a program designed to increase the graduation rate and self-sufficiency of pregnant and/or parenting adolescents who are on welfare. CYFC provided technical assistance to the Cal-Learn case managers to ensure they were trained to recognize teens using alcohol or other drugs and to refer those teens to substance abuse treatment programs.

Drug Free School Zones projects were developed and evaluated in 8 of California's most challenged school/communities.

The California Resource Center was developed as a single point of contact for services and information on the alcohol and other drug issues in the State.

In 1995, the Office of Prevention was merged with the Office of Perinatal Substance Abuse to become one division, Children, Youth, Families, and Communities (CYFC). Current prevention programming strategies include public policy development, collaboration and coordination with Federal, State, and local agencies; demonstration projects for high-risk youth populations; technical assistance and training for communities; promotion of alcohol and drug-free lifestyles through alternative activities; and public information and education campaigns.

A white paper, *A Vision for Prevention: Building a Healthier Community* was prepared on prevention that was adopted by the National Prevention Network and the National Association State Alcohol Drug Abuse Directors.

CYFC worked extensively with other state agencies and community groups, on task forces on injury prevention, smoking prevention, AIDS prevention, collaborative services, public policy and health planning to ensure that substance abuse services are included as an integral part of the comprehensive planning for these programs.

The Community Action Manual for the Prevention of Alcohol and Other Drug Problems was published. This guide describes steps to establish public policies and specific programs at the community level to prevent problems on behalf of the larger community.

CYFC wrote a major portion of a request for proposals for DHS for battered women's shelters to

include a substance abuse component in their education and counseling program.

As part of the Department of Health Services Office of Women's Health Multi-Agency Domestic Violence Task Force, CYFC collaborated on developing domestic violence policies for perinatal treatment programs that will include education on the dynamics of physical abuse, effects on children who witness domestic violence, effective interventions, and available victim services.

CYFC contracted for a publication to document a study on substance abuse, battering, and child abuse to add to the body of knowledge available on this issue.

CYFC contracted with the University of California - Berkeley to produce *Conditional Use Permit* (CUP), an instructional video and facilitator's guide that present an overview of how local governments can limit conditional use permits issued to licensed alcohol outlets.

In 1995, a Dual Diagnosis Task Force was established by the Departments of Alcohol and Drug Programs and Mental Health with a primary charge to improve services for dually diagnosed residents of California. The Task Force developed and the two departments adopted the *Action Plan to Remove Dual Diagnosis Barriers.* This publication was distributed to over 400 organizations and people statewide. The *Action Plan* identifies tasks and time frames for removing barriers for the treatment and recovery of dually diagnosed clients. Additional outcomes include field surveys, site visits to dual diagnosis programs, funding of training programs, dual diagnosis curriculum, demonstration programs, practices monograph, Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) coordination, collaboration of perinatal programs for the dually diagnosed, and continued collaboration and education among departments' staff at the state and local levels.

In 1995, CYFC collaborated with the DHS Office of Family Planning on a pilot project to reduce unplanned pregnancy among women in perinatal substance abuse treatment programs. Technical assistance was provided for the writing and review of the requests for application that resulted in 24 perinatal substance abuse treatment programs receiving on-site family planning education, counseling, reproductive health services, and provision of contraceptives through the pilot. CYFC continues to share ideas and information with DHS regarding family planning services for substance abusing women.

In 1995, CYFC collaborated with DHS to incorporate substance abuse education, prevention, and intervention services into the Adolescent Family Life Programs (AFLP) for pregnant and parenting teens. Collaboration efforts included writing and reviewing Requests for Proposals; providing advice and input on proposed intervention, evaluation strategies, and curriculum; and suggesting faculty for training case managers and regional prevention coordinators in substance abuse issues. CYFC continues as technical advisor to DHS for the eight AFLP projects now providing substance abuse services.

In 1995, CYFC served as a member of the planning committee for the *Interagency Seminar on Youth Violence Prevention* and participated in panel discussions on collaborative activities among departments to reduce youth violence.

CYFC provided information to the Crime and Violence Prevention Center of the Attorney General's Office for preparation of their report, *Violence Prevention, A Vision of Hope,* and collaborated with their office on the planning of the related conference in 1995, *Preventing Violence...A Vision of Hope*. CYFC provided a workshop facilitator and arranged for a presenter to speak on the inter-relationship between adolescent substance abuse and youth violence.

CYFC participates on the California State Library Foundation's California Family Impact Seminar (CAFIS) steering committee to reduce teen and unwed pregnancy to ensure that substance abuse issues are included in efforts to reduce teen pregnancy. Substance abuse related information is also provided to CAFIS for its effort to provide a family perspective on state policy regarding the increasing incidence of absent fathers.

CYFC collaborated with the Department of Social Services (DSS) to sponsor trainings on wraparound services to ensure that substance abuse services are included as an integral part of the comprehensive planning involved in the wraparound process of providing children and family services. The wraparound philosophy embraces community-based intervention that includes the delivery of highly coordinated, individualized services to address unique needs and achieve positive results. Services are integrated and funds blended to target the most disturbed children and adolescents with the most complex needs, many of whom either have a substance abuse problem themselves or live in an environment where substance abuse is an issue.

CYFC participates on an intra-departmental team, the Prevention Data Initiative (PDI), to develop a comprehensive infrastructure for an accurate prevention data collection process. The team's goal is to gather specific prevention program data from each

county on their publicly funded prevention programs. This will ensure accountability in expending prevention dollars and provide important data on local programs.

CYFC collaborates with CADPAAC's Prevention Subcommittee and the ADP Managed Care Policy Advisory Committee (MCPAC) Prevention Work Team to define substance abuse prevention services and to determine its role in future managed systems of care.

In 1996, CYFC suggested substance abuse prevention components and helped review requests for proposals for $10 million in Teenage Pregnancy Prevention Grants awarded to 37 school districts and county offices of education by the Department of Education as a result of Senate Bill 1170.

CYFC surveyed California counties to identify exemplary prevention programs to nominate for a federal Center for Substance Abuse Prevention (CSAP) 1996 Exemplary Prevention Program Awards recognizing model state-of-the-art substance abuse prevention programs. Of the 49 programs nominated nationwide, People Reaching Out of Sacramento was selected for one of the 13 programs that received this national award in October 1996.

CYFC has provided perspective on adolescent health and public policy as it relates to substance abuse for the California Wellness Foundation's teenage pregnancy prevention initiative, a grant for seven 6-year community action projects.

CYFC collaborates with DHS on their Community Challenge Grants, part of the Governor's Initiative for Responsible Parenting, to ensure that substance abuse prevention and intervention issues are included in those projects.

CYFC continues to support the Teenwork youth conference which has included numerous trainings and workshops on teen pregnancy prevention.

From 1993 - 1996, ADP contracted with, supported, and monitored the County of Sacramento for the Developmental Education, Skills Training and Instruction for Neighborhood Youth (DESTINY) pilot project. This literacy, return-to-school, and mentoring program contract ended on September 30, 1996. CYFC staff have assisted the project to transition the General Education Development (GED) portion of the program to the Sacramento Urban League, a non-profit agency. CYFC also encouraged DESTINY to apply for various monetary awards to continue the program and recently provided a letter of acknowledgment to include with their grant application package for a federal Safe and Drug-Free Schools and Communities-funded grant.

CYFC continues to provide state leadership for the Friday Night Live (FNL) and Club Live (CL) programs. In March 1996, CYFC successfully privatized the program's administration. This strategy has not only saved ADP staff and resources, but has provided FNL/CL with greater innovation,such as ensuring that a mentoring component is included in the program design, and private resources. The contractor is establishing a FNL Internet Webpage that will make prevention information and FNL event information more easily accessible to individuals throughout California.

CYFC accomplished the close-out of the Drug Free School Zones (DFSZ) contracts that began in 1991. The publication of the *Community Drug-Free Zones Evaluation* is being prepared. This report compares the DFSZ initiative in six sites with four comparison sites to determine the program's impact on reducing alcohol and drug use in high risk schools.

For several years, CYFC teamed with the Office of Criminal Justice Planning on their annual Violence Prevention Conference. This conference features multi-disciplinary cooperation to create a positive environment and improve safety and health for all citizens, particularly youth. CYFC contributed monetary support as well as staff expertise, keynote speakers, and workshop presenters.

In 1995, Governor Pete Wilson created the California Mentor Initiative. This initiative is a public/private partnership with the goal of recruiting 250,000 mentors in California by the year 2000. Through a variety of state departments, $11.6 million in public funds have already been dedicated to local mentoring efforts statewide. The Department of Alcohol and Drug Programs serves as the lead state department in implementing the Mentor Initiative.

In 1996, a Welfare Reform Task force was established incorporating 15 different state Departments. CYFC is a participant on the task force designed to examine the Personal Responsibility and Work Opportunity Reconciliation Act (HR 3734) and determine its impact on California state programs. Additionally the task force is charged with analyzing the welfare reform bill and providing options for considerations for inclusion in the Governor's budget.

In 1996, a Adolescent Wellness Task Force was established by the Departments of Alcohol and Drug Programs, Education, Health Services, Social Services and Mental Health. This Task Force focuses to improve the health of California's Adolescents. Through collaboration and coordination between the departments, a health outcome based education for all

students, including alternative education students and incarcerated youth is the primary goal of the task force.

The 1990's - The National Perspective

The Substance Abuse and Mental Health Services Administration (SAMHSA) committed over $25 million to managed care and State health care reform activities in fiscal years 1995 and 1996.

In 1996, SAMHSA announced estimated funding for the following nationwide activity grants:

Managed Care & Vulnerable Populations: $10 million to be divided among 21 cooperative agreements to enhance knowledge about how managed care in the public sector affects the provision of substance abuse and mental health services.

Predictor Variables and Development: $4 million to be divided among 9 cooperative agreements to support research to determine the most effective interventions to change the developmental course of early predictor markers for substance abuse in children at several defined developmental stages.

Wraparound Services: $2.4 million to be divided among 2 cooperative agreements for generating new knowledge about the relative impact of wrap around services on the success of the treatment of addictive disorders and the relative cost effectiveness of these services in light of changes in health care financing, including managed care, as they relate to substance abuse treatment.

Cannabis Dependence Treatment: $1.2 million to be divided among 5 cooperative agreements to evaluate the effectiveness of brief interventions in the treatment of marijuana (cannabis) dependency. The program is to test the efficacy of relatively brief treatments for adults from differing socioeconomic and racial and ethnic backgrounds who meet criteria for marijuana dependence as currently defined by DSM-IV and are seeking treatment for this dependence.

Homelessness Prevention Project: $2.6 million to be divided among 16 cooperative agreements to document and evaluate appropriate homelessness prevention interventions for individuals with serious mental illness and/or substance abuse treatment systems.

Under SAMHSA, the Center for Substance Abuse Prevention (CSAP), Division of State Prevention Systems Programs (DSPS), six contracts were awarded to develop needs assessment protocols.

CSAP also awards grants for innovative Community Partnership Demonstration Programs. These grants allow public/private sector partnerships to develop and preserve the best comprehensive long-term prevention strategies - especially those that can be incorporated into a community's existing health care system.

CSAP supports prevention demonstration programs including High Risk Youth, Female Adolescents, AOD-Related Violence Prevention Among High Risk Youth, and Replications of Model Programs. Additional programs include Pregnant and Postpartum Women and their Children.

CSAP operates a comprehensive information program. This program includes: The National Clearinghouse for Alcohol and Drug Information (NCADI); CSAP's National Resource Center for the Prevention and Treatment of Alcohol, Tobacco, and Other Drug Abuse, and Mental Illness in Women; The Regional Alcohol and Drug Awareness Resource (RADAR) Network; CSAP's bi-monthly periodical, *Prevention Pipeline*; The radio newsline; and the CSAP Media Line. Many of these resources are now accessible through the Internet.

Title V of the Violent Crime Control and Law Enforcement Act of 1994, authorizes the Attorney General to make grants to States, State courts, local courts, units of local government, and Indian tribal governments for the establishment of drug courts in response to increased numbers of nonviolent substance abusing adult and juvenile offenders. In fiscal year 1996, the funds available for this program are $5.7 million.

The Department of Transportation, National Highway Safety Administration, provided Incentive Grants for Drunk Driving Prevention Programs.

The US Department of Education continued to fund Safe and Drug Free Schools and Communities grant activities. ADP's portion of this grant has been reduced from a high of $15 million in the early 1990's, to a low of $9.5 million in the middle 1990's. CYFC administers the Governor's Portion of these grant funds. The funds are used to fund the Office of Criminal Justice Planning (OCJP) to provide funding for D.A.R.E.-like prevention programs for youth, California Mentor Initiative, Friday Night Live/Club Live Privatization contracts, County Prevention and new County projects, the ''Skager'' Youth Study, the Red Ribbon Week, and the ADP Resource Center. ❐

March 1998

Fact Sheet:

Allocation Process Highlights

BACKGROUND

The Department of Alcohol and Drug Programs (ADP) is the State department responsible for administering state and federal funds for alcohol and other drug (AOD) abuse prevention, treatment and recovery services in California.

- The Department collaborates with the County Alcohol and Drug Program Administrators Association of California (CADPAAC) and Director's Advisory Council (DAC) to develop the fiscal policy that directs the specific details of the allocation methodology.
- Historically, the Department has utilized a variety of methods for allocating AOD funds to the counties. In Fiscal Year (FY) 1990-91, ADP began allocating increases in ongoing, discretionary funds using a combined per capita and equity step-up method.
- Any Substance Abuse Prevention and Treatment (SAPT) funds that are set-aside for services to persons at risk for Human Immunodeficiency Virus (HIV) and to pregnant and parenting women are allocated using specific formulas developed in collaboration with CADPAAC and Department of Health Services, Office of AIDS.
- Safe and Drug Free Schools and Communities (SDFSC) Block Grant Funds are allocated to counties at historical levels from year to year.
- As a result of the court ordered implementation plan in Sobky v. Smoley, and Budget Act language since FY 1994-95, State General Funds (SGF) are allocated first to meet the projected Drug/Medi-Cal (D/MC) need, statewide, including maintaining a prudent reserve at the State level. Those funds that are not necessary to support D/MC needs are allocated to the counties as back-fill to FY 93-94 SGF in order to bring counties as close as possible to their FY 93-94 SGF allocation.

SCHEDULE OF ALLOCATIONS

There are four usual and customary times when ADP issues statewide allocations. In addition, adjustments to individual county allocations may occur throughout the fiscal year for a variety of reasons.

- The Governor's Budget Proposal Allocation is a preliminary distribution of the local assistance funds contained in the Governor's proposed budget, submitted to the

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Program and Fiscal Policy Branch *1700 K Street, Sacramento, CA 95814* *FAX: (916) 323-0653; TDD: (916) 445-1942*

Legislature in January of each year. This allocation must be released within 45 days of the Governor's proposed budget.

- The Budget Act Allocation distributes the local assistance funds appropriated in the Budget Act. This allocation is released as soon as possible after the Budget Act is enacted by the Legislature and signed by the Governor.
- The fall allocation is distributed to the counties at the end of the calendar year. It includes unspent federal funds allocated to the counties during the previous fiscal year, reauthorized by the Legislature for funding in current year, and any increases or decreases in federal funds appropriated by Congress in the federal budget effective October 1, of the current year.
- The spring revised allocation reduces each county's federal funds based on each county's estimate of unspent funds for the fiscal year. Those funds are then made available to the same county in the fall adjustment of the following year, when the spending authority is established. Other revisions may be made at this time. This revised allocation is usually released in mid-April of each year.

EQUITY / STEP-UP

- Equity step up is an allocation methodology used to allocate an increase or decrease of funds in SAPT and SDFSC funding sources. In collaboration with CADPAAC and DAC, this methodology has been used to minimize the disparity in equity between counties.
- The Equity step-up methodology assumes a relatively stable base of ongoing funds. At this time, the SGF and base for each county is the sum of ongoing SAPT and SDFSC funds appropriated for local programs by the Legislature.

STATE GENERAL FUND ALLOCATION

- Prior to the court order resulting from Sobky v. Smoley, SGF allocations were maintained at historical levels. As a result of Sobky v. Smoley, the Legislature stated the primary purpose of SGF is to first provide alcohol and other drug services to D/MC eligible beneficiaries. Remaining SGF funds can be used for non-D/MC serivces.
- When the Department determines the D/MC need in each county, those funds are allocated to the respective counties.
- The Department retains a contingency reserve to address any unanticipated costs resulting from D/MC needs.
- Periodic adjustments to the SGF allocation may occur as needed, based on the amount encumbered in contracts, actual utilization, and accessing of the reserve, to redistribute additional SGF to counties for non-D/MC use. ❐

CALIFORNIA MENTOR INITIATIVE

"We must do more to recruit and train mentors so that every child who wants a Big Brother or some other role model in his or her life can actually have one."

Governor Pete Wilson
California Focus on Fathers Summit, June 13, 1995

Background

Today, California faces a crisis of absent fathers and teenage pregnancy which is having devastating effects on our children. Structural change in our society, including the breakdown of the traditional family and erosion of neighborhood community support networks, have taken a toll on our youth. While youth struggle with many challenges, four problem areas stand out: alcohol/drug use, teen pregnancy, educational failure, and gangs and violence. Governor Wilson created the California Mentor Initiative to address these challenges. California is committed to mentoring, not as a panacea for youth's problems but as a logical, cost effective method of assisting today's at-risk youth to become productive, contributing members of our society.

California Mentor Initiative Objectives

The desired outcome of the Initiative is to reduce the four major problem areas mentioned above by recruiting and training quality mentors over four years to reach California's at-risk youth. While there are currently an estimated 65,000 mentors providing support to California's youth through mentor programs, tens of thousands of youths are still waiting for a mentor. This information is based on survey results provided by local mentor programs to the California Mentor Resource Center.

In our effort to expand existing mentoring services throughout California the protection and safety of youth is of paramount importance.

Highlights

The California Mentor Coalition was established to encourage private sector involvement in the California Mentor Initiative. Members of the Coalition represent business, the entertainment industry, mentor programs, and public agencies. The Coalition's tasks include: developing and implementing a multi-year strategic plan to expand the field of mentoring throughout California, increasing societal awareness about the benefits of mentoring, recruiting and training quality new mentors, and expanding private sector participation and fiscal investment in mentor services.

In collaboration with members of the mentoring community the California Mentor Coalition has developed and adopted quality assurance standards for use by participating mentor programs. The California Mentor Initiative offers technical assistance to any mentor program interested in adopting and implementing these quality assurance standards within their respective programs.

Since the inception of the California Mentor Initiative in June of 1995 the State of California has invested over $20 million in funds to support local mentoring efforts. The major funding sources include:

- The Department of Community Services and Development has awarded funds to support local mentor collaboratives and programs.

Continued

For Information Contact

Mentor Resource Center
1700 K Street
Sacramento
California
95814

(800) 444-3066 in CA
(916) 323-6589 outside CA

Fax (916) 323-1270

Please refer to the CMI Internet home page for a listing of available Mentor Resource Center services. Home page address: http://www.cmi.cahwnet.gov

- The Governor's Office of Child Development and Education (OCDE) has awarded funds to local school districts and communities to mentor children and youth under the California Academic Volunteer and Mentor Service Program. Under this program, mentors will be linked with at-risk children to, among other things, improve educational outcomes.
- The California Youth Authority has allocated funds for the expansion of the "Young Men as Fathers" program into county juvenile halls, ranches and possibly alternative schools in the community.
- The Department of Alcohol and Drug Programs has allocated funds to support local mentoring efforts through California's alcohol and drug program service system.
- The Ambassador program under the California Conservation Corps (CCC) is training second year corps members to promote mentoring in local communities at seven sites throughout the State. CCC Ambassadors participate in community outreach, promote mentorship and mentorship training opportunities, and recruit and link mentors for local mentor organizations.

Mentor Resource Center and Hotline

The Mentor Resource Center (MRC) has been created to serve as a library and clearinghouse for mentoring materials and provides a database for mentor referrals. The MRC is located at 1700 K Street, Sacramento, 95814, and is available to the public as a single point of contact for mentor program development and information. By calling the MRC Hotline at 1-800-444-3066, (outside of California call (916) 323-6589) the public may obtain a packet of information including a statewide directory of mentor programs, funding information, and other mentor information. Some of this information is also accessible via the Internet at http://www.cmi.cahwnet.gov.

Mentoring Facts

Studies are providing data reflecting the powerful impact of a caring adult in a young person's life. Research shows a 46 percent reduction in the initiation of drug use and a 27 percent reduction in the initiation of alcohol use for young people in a study of Big Brothers/Big Sisters programs. (Source: "Making A Difference: An Impact Study of Big Brothers/Big Sisters," Public Private Ventures, 1995) Additional research shows that grades in school improved for 59 percent of students as a result of help from their mentors; 53 percent credited mentors with improving their ability to avoid drugs; 52 percent of students improved their ability to stay out of trouble as a result of their mentoring experience. (Source: "Mentoring: Lessons Learned," The Commonwealth Fund, Louis Harris and Associates, Inc., 1994)

Virtual Mentoring Community

Through the combined efforts of several California technology companies a web site, relational database and communication system have been designed to link mentor programs together. The development of these systems will enable mentor programs to track mentor-mentee matches and collect valuable client impact data.

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Fact Sheet:

Cocaine

Cocaine is a highly addictive drug. It belongs to a class of drugs known as stimulants which produces a short-lived sense of euphoria, limitless power, enhanced energy and mental alertness, and increased self-esteem. Depending on the route of administration, these effects begin within a few seconds and diminish within ten to forty minutes. As the effects of the drug wears off, it leaves the user with feelings of anxiety and confusion, and craving more of the drug.

Cocaine is an odorless, white crystalline powder that can be snorted or dissolved in water and injected. Crack is a smokable form of cocaine which has been chemically altered. Because it is smoked, the drug is absorbed rapidly from the lungs to the heart and to the brain so the high which is produced is felt more quickly. It is also sold in low-cost single doses making the drug available to a larger number of people.

Prevalence of Use:

The 1995 National Household Survey on Drug Abuse estimates that 1.5 million Americans are current cocaine users. Of these, about 400,000 used crack. The numbers have been stable over the past several years.

Extent of Use in California:

Table 1 shows the trend in the numbers of cocaine related deaths, hospital discharges, and treatment admissions in California over a 5-year period.

In 1995, over 80% of cocaine treatment admissions in California were in the form of crack (where the primary drug used was cocaine and the route of administration was smoking). The demographic differences between treatment admissions for crack compared to cocaine are shown in Table 2.

Table 1

	1990	**1991**	**1992**	**1993**	**1994**
Deaths	166	201	234	202	176
Hospital Discharges	6,053	5,898	6,135	5,019	5,099
CADDS Treatment Admissions	16,856	20,160	22,349	22,122	22,434

Table 2

	Crack	**Cocaine**
Total CADDS Treatment Admissions	**17,384**	**4,035**
	% of total	**% of total**
Sex		
Male	53.1	62.9
Female	46.9	37.1
Race/Ethnicity		
White	16.3	36.0
African American	69.0	23.5
Latino	10.8	35.5
Other	3.8	5.0
Age at Admission		
Under 21	3.2	7.6
21-24	6.2	10.6
25-34	48.1	46.2
35-44	35.2	28.8
Over 45	7.3	6.8

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March 1998

Fact Sheet:

Criminal Justice Female Offender Treatment Program (FOTP)

BACKGROUND

There is one specific alcohol and other drug (AOD) treatment and recovery program for female offenders in California funded by the State Department of Alcohol and Drug Programs (ADP).

- This is a community residential AOD treatment for the California Institution for Women (CIW), Forever Free graduates paroling into participating counties.
- Participating counties are Los Angeles, Orange, Riverside, and San Bernardino.
- The annual allocation is $644,636.
- It is funded by ADP using federal money - Substance Abuse Prevention and Treatment Block Grant.
- The program design is for six months of continuous residential treatment immediately upon release from the CIW, Forever Free program.
- In cases of under-utilization of treatment services, other women parolees may receive FOTP services on a case-by-case basis.
- The treatment capacity is 40 beds throughout the four counties.

Office of Perinatal Services and Special Projects Branch
CA Dept. of Alcohol and Drug Programs 1700 K Street, Sacramento, CA 95814
Phone: (916) 323-4445 FAX: (916) 445-0846; TDD: (916) 445-1942

March 1998

Fact Sheet:

San Francisco Criminal Justice Treatment Network for Women

BACKGROUND

The San Francisco Criminal Justice Treatment Network for Women provides case management to coordinate a variety of services to enable eligible female offenders to enter drug and alcohol treatment as an alternative to incarceration. Numerous agencies, including probation, law enforcement, the district attorney, the public defender, the courts, public health, social services, treatment providers, and education are working collaboratively to provide an array of supportive services to assist participants toward full functioning and self-sufficiency.

PROGRAM HIGHLIGHTS

- The adult female offender is the target population.
- The program is located in the City and County of San Francisco.
- The project is operated by the San Francisco Adult Probation Department.
- The program is funded by the Center for Substance Abuse Treatment (CSAT).
- The program is funded for approximately $1 million each year for up to five years beginning September 30, 1995, and ending September 29, 2000.
- The funding vehicle is a cooperative agreement among CSAT, the State Department of Alcohol and Drug Programs (ADP), and San Francisco Adult Probation Department.
- The program's objective is to coordinate a wide variety of services, reduce drug usage and criminal justice system involvement and improve social functioning among female alcohol and drug offenders in the most cost effective manner possible.
- The program is designed to identify potential participants at any pre-sentence point to assess and determine the most appropriate treatment approach. Client progress is monitored by case managers in the Probation Department. Case managers work with social services, public health, education, and vocational agencies, to access and, coordinate services aimed at improving participants full functioning and self-sufficiency.
- The evaluation will determine if the integration of treatment services into the criminal justice treatment network will provide measurable improvement in client outcomes.
- ADP has the responsibility to provide program financial and administrative oversight. ADP's project officer serves on the Network's Executive Policy Board and is active in program planning to ensure collaboration among State and local criminal justice, social service, and treatment agencies.

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CA Dept. of Alcohol and Drug Programs 1700 K Street, Sacramento, CA 95814
Phone: (916) 323-4445 FAX: (916) 445-0846; TDD: (916) 445-1942

March 1998

Fact Sheet:

Criminal Justice Parolee Services Network

BACKGROUND

There are four Parolee Services Networks in California funded by the California Department of Corrections (CDC). They provide community treatment and recovery services to parolees in nine counties.

- Program design is for 180 days of treatment.
- Programs are administered jointly by CDC and the State Department of Alcohol and Drug Programs (ADP) through an Interagency Agreement.
- The total local assistance funds for the four networks in Fiscal Year (FY) 1997-98 is $8.2 million.
- ADP allocates funds to the twelve participating counties through each county's Negotiated Net Amount Contract.

PROGRAM OBJECTIVES

- Place parolees in appropriate alcohol and other drug community treatment and recovery programs, either immediately upon release from custody or from the community parole system.
- Improve parole outcomes as evidenced by fewer drug-related parole revocations and/or new violations.
- Reduce State General Fund's costs for incarceration and parole supervision for those participating in Network services.

LOS ANGELES COUNTY PAROLEE SERVICES NETWORK

- Program was first implemented in FY 1991-92.
- Primary referrals are from the California Rehabilitation Center (CRC) Civil Addict Program (CAP), and Community Parole.
- Program provides long term residential, non-residential, and Sober Living (SLE) services.

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Phone: (916) 323-4445 FAX: (916) 445-0846; TDD: (916) 445-1942

- FY 1997-98 funding is $1.578 million.
- The FY 1997-98 treatment capacity includes approximately 48 residential slots, 102 non-residential slots, and 36 SLE slots.

SAN DIEGO COUNTY PAROLEE SERVICES NETWORK

- Program was first implemented in FY 1991-92.
- Primary referrals are from R. J. Donovan, California Institution for Women, and Community Parole.
- The program provides detox pretreatment, short term residential, long term residential, non-residential, SLE, and case management services.
- Funding for FY 1997-98 is $1.5 million.
- The FY 97-98 treatment capacity is approximately 52 residential slots, 57 non-residential slots, and 18 SLE beds.

BAY AREA SERVICES NETWORK

- The program was first implemented in FY 1991-92.
- The participating counties are Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma.
- The targeted populations are felons and civil addicts.
- Primary referral sources are San Quentin and Community Parole.
- Services offered are detox, residential, non-residential, and SLE.
- Total funding for FY 1997-98 is $5 million.
- The network provides long and short term residential beds, non-residential slots, SLE beds, and detox/pretreatment beds.

CENTRAL VALLEY NETWORK

- This program was first implemented midyear of FY 1994-95.
- Civil addicts are the targeted population and CRC is the primary referral source.
- The funding for FY 1997-98 is $120,000, which provided for residential, treatment services.
- Fresno is the participating county with one provider offering long-term residential slots. ❐

March 1998

Fact Sheet:

Criminal Justice Target Cities

BACKGROUND

- The Cooperative Agreement for Systems Improvement Projects in Target Cities is a Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Agency's Center for Substance Treatment (CSAT), State Department of Alcohol and Drug Programs (ADP), and county government through the San Francisco Division of Community Substance Abuse Services.

- This agreement is designed to improve substance abuse treatment systems of this large urban area.

- The improvements include Centralized Intake, Management Information Systems, Inter-agency Linkages, and Treatment Enhancements.

HIGHLIGHTS

- The Cooperative Agreement is with San Francisco (September 30, 1993 through September 29, 1998), for total funding of $13,583,657.

- The projects' successes are evident in the local efforts to continue the change, created by the projects, when federal funding ends in 1998. From 1993-1998 the County of San Francisco will create a comprehensive and interactive treatment system through the creation of a Central Intake Unit, Mobil Assessment Units, Management Information System, linkages, and Drug Court.

- ADP is responsible for procurement of funds and services; review and submission of applications; site visits; and receipt and disbursement of funds to counties through the Grant Award System. Also, included are fiscal, programmatic, and on-site monitoring activities.

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CA Dept. of Alcohol and Drug Programs 1700 K Street, Sacramento, CA 95814
Phone: (916) 323-4445 FAX: (916) 445-0846; TDD: (916) 445-1942

SAN FRANCISCO TARGET CITIES CRIMINAL JUSTICE INITIATIVE

Program Objectives

- Reduce the substance abuse of the criminal justice involved population in San Francisco City/County
- Reduce recidivism caused by substance abuse related criminal activity in San Francisco City/County
- Link San Francisco County's jail system and substance abuse treatment system
- Facilitate criminal justice involved substance abusers in obtaining pre-treatment, comprehensive assessment, and referral into the existing substance abuse treatment system

Drug Court

- The Court of HOPE (Help Overcome Problems Early) provides treatment and court supervision, in lieu of incarceration, to a criminal justice involved population in an attempt to reduce or eliminate substance abuse/dependance and thereby reduce the related criminal activities.
- The Court of HOPE provides intervention to approximately 70 individuals annually.

Roads to Recovery

- Roads to Recovery is a pre-treatment program for men provided within the county jail system.
- Men with substance abuse / dependency problems may volunteer to be moved into the program at the end of their incarceration.
- Roads to Recovery is within a 61-bed dormitory and provides pre-treatment activities for approximately 200 men annually.

Substance Abuse Assessments

- The Target Cities Project annually provides approximately 600 comprehensive substance abuse assessments and referrals to individuals facing release from the county jail system.
- The Target Cities Project annually provides approximately 700 comprehensive substance abuse assessments and referrals to individuals within the Post Release Education Program.
- The Target Cities Project annually provides pre-treatment activities to approximately 700 participants in the Post Release Education Program (PREP). PREP is a collaborative program between the Target Cities Project and the County of San Francisco's Sheriff's Department.

March 1998

Fact Sheet:

Center for Substance Abuse Treatment (CSAT) Award

Pregnant and PostPartum Women
And Residential Woman and Children Grants

BACKGROUND

Women and children's residential treatment services CSAT grant funds are available through the competitive Guidance for Application process to provide five-year residential treatment demonstration projects. These grants are designed to expand the availability of comprehensive, high quality residential treatment services for women who suffer from alcohol and other drug use problems. The grant programs fund specific populations of pregnant and postpartum women and their infants and parenting women who are not pregnant or postpartum and their children, through age ten years.

GOALS

- implement effective substance abuse treatment approaches for women that build on state-of-the-art practical knowledge and research findings
- develop documented models of effective service delivery that can be replicated in similar communities
- assess the effectiveness of the project goals through individual program evaluation components
- gather and compile uniform data for all funded programs
- conduct cross-site evaluations to compare the treatment outcomes of six-month and twelve-month residential treatment programs

PROGRAMS RECEIVING GRANT AWARDS IN CALIFORNIA

The Department of Alcohol and Drug Programs serves as the grantee for the following eight programs that have successfully received grant awards totalling nearly $7 million annually in California.

- Center Point, Incorporated, Marin

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Phone: (916) 322-6643
FAX: (916) 323-0653; TDD: (916) 445-1942

- East Bay Community Recovery Project, Alameda
- EYE Counseling and Crisis Services, San Diego
- Jelani House, Incorporated, San Francisco
- Life Steps Foundation, San Luis Obispo
- San Joaquin County Office of Substance Abuse
- Shields for Families Project, Incorporated, Los Angeles
- Southern California Alcohol and Drug Programs, Los Angeles
- The above-listed subrecipients provide a combined total of residential treatment services to approximately 300 substance abusing women and 500 children annually.

SUMMARY OF SERVICES

Typical services include:

- individual and group counseling;
- immunizations and primary medical care;
- mental health care;
- HIV/AIDS education, testing, pre-test and post-test counseling;
- parenting skills workshops;
- family reunification;
- vocational readiness skills;
- transportation;
- child abuse prevention training;
- child care;
- respite care;
- developmental assessments for gross motor, behavioral, and cognitive skills for children;
- enrollment of pre-school including Head Start;
- tutoring;
- individual and group counseling; and
- art therapy. ❒

March 1998

Fact Sheet:

Center for Substance Abuse Treatment (CSAT) Award

Human Immunodeficiency Virus (HIV)
Other Sexually Transmitted Diseases (STD)
And Tuberculosis (TB) Grants

BACKGROUND

The Department of Alcohol and Drug Programs is the grantee and lead agency in the implementation of one CSAT funded grant for HIV/STD/TB for Federal Fiscal Year (FFY) 1997-98. The term of the grant is three to five years. The purpose of this grant program is to support outreach services to substance abusers and their sexual partners who are at the highest risk for HIV, STD, and TB. Outreach services include HIV testing, TB testing, testing for STD, and referral of clients to other ancillary services and, ultimately, entry into drug and alcohol treatment.

EMPHASIS

A primary emphasis of this demonstration grant is to evaluate the efficacy of street outreach as a method of facilitating entry into treatment for high risk individuals who cannot be reached through traditional health service delivery systems.

SUMMARY OF SERVICES

- In Los Angeles, Prototypes, a community-based non-profit organization, is operating drop-in centers in the Skid Row section of Los Angeles and in a high risk inner city neighborhood in Venice. The target population is women of color who are high risk substance abusers, prostitutes, or are homeless. The total grant amount available for the third year of this project is $349,295.

STATE MONITORING RESPONSIBILITIES

ADP monitoring responsibilities for these grants include the following:

- prepare, execute, and process Grant Award Agreements and amendments
- review and process program invoices
- review and process quarterly reports and forward them to CSAT
- fiscal and legal responsibility for the award and attendance at regional and national CSAT conferences focusing on the program area
- conduct site visits to assess program performance and provide appropriate technical assistance
- review and process requests for carryover of funds and forward to CSAT for approval
- prepare and review financial status reports for each grantee at the end of each grant year and forward to CSAT ❐

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May 1997

Fact Sheet:

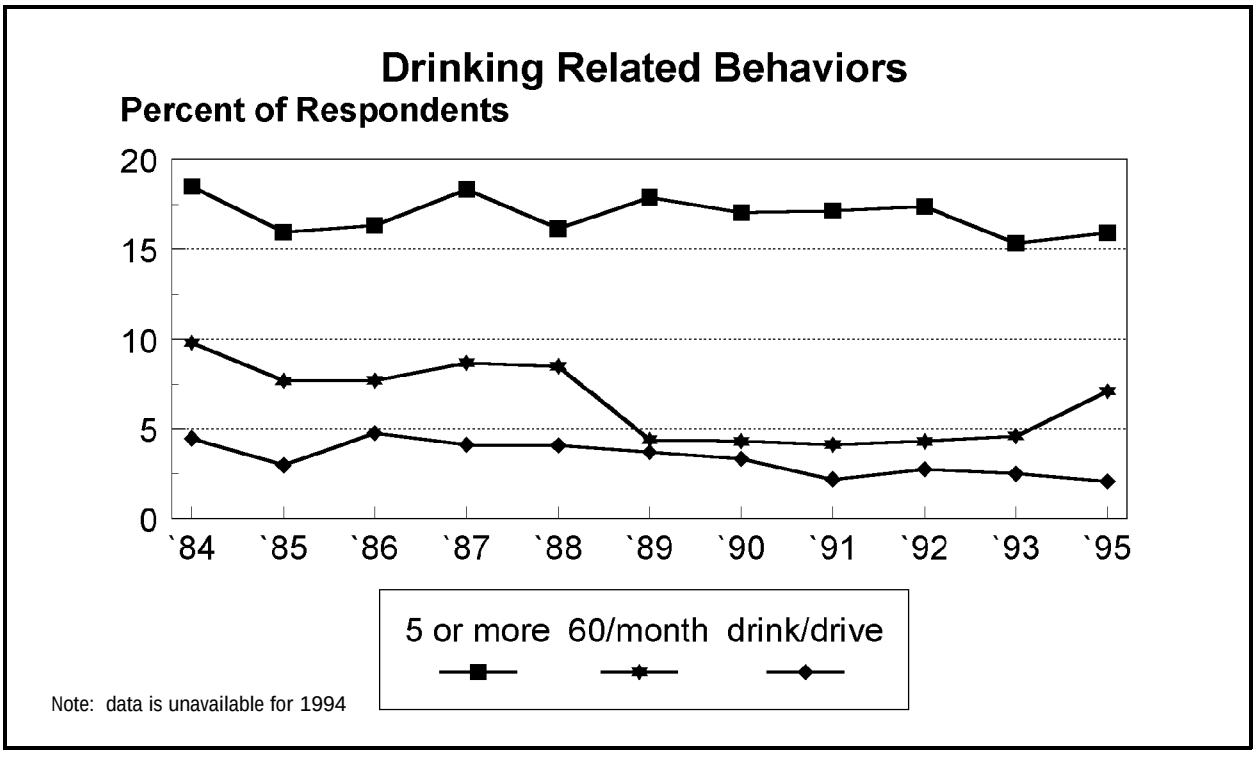
Drinking-Related Behaviors

The Department of Alcohol and Drug Programs (ADP) in collaboration with the Department of Health Services (DHS) and the Centers for Disease Control (CDC) has been tracking trends in key drinking-related behaviors in the California adult population since 1984. This fact sheet will focus on measures of three critical behaviors:

- Consuming 60 or more drinks per month
- Consuming 5 or more drinks per sitting
- Driving after drinking too much

Why These Behaviors Were Selected

These specific behaviors along with other health practices and behaviors were selected for study by CDC, because they are related to the leading causes of death. Examples of other behaviors studied in



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clude seatbelt use, smoking, and preventive health practices.

Trends

As can be seen from the chart on the previous page, the percent of respondents who reported *consuming 60 or more drinks* per month varied over time, with a high of 9.8% in 1984 to a low of 4.1% in 1991. The chart also indicates that the percent of respondents who reported *consuming 5 or more drinks per sitting* was relatively stable over time, with a high of 18.5% in 1984 and a low of 15.4% in 1993. A slight decline in the percent of respondents who reported *driving after drinking too much* is presented in the chart. The reported high was 4.5% in 1986 to a low of 2% in 1995.

The following table, which displays data from 1995 only, indicates that men (11.3%) are more likely than women (6.9) *to consume 60 or more drinks* per month and that men (22.5%) are more likely than women (6.9%) *to consume 5 or more drinks per sitting.* Table 1 also indicates that men (2.8%) were more likely than women (.9%) to report *driving after drinking too much.*

% of Responses — 1995		
	Men	***Women***
60 or more drinks/month	**11.3%**	**3%**
5 or more drinks/sitting	**22.5%**	**6.9%**
drive after drinking too much	**2.8%**	**0.9%**

Conclusions

The general conclusion presented by these data is that behaviors related to alcohol consumption that pose health risks are more prevalent among men than among women.

Of particular interest is that about 22% of adult men in California consume 5 or more drinks per sitting and almost 3% drive after drinking too much. These behaviors pose health and safety risks to the general population in California as well as to those actually consuming the alcohol.

How the Behaviors Were Measured

The prevalence of health practices and behaviors in California is measured through the Behavioral Risk Factor Surveillance System (BRFSS). BRFSS is a random telephone survey of adults in California.

Approximately 4,000 survey telephone interviews are completed annually over a 12-month period. Results are weighted to reflect the California population as a whole. BRFSS is coordinated and partially supported by CDC and is conducted by DHS. ADP has supplemented funding to assure the alcohol use information is collected annually instead of biannually, to assure the timely collection of valuable trend data. ❐

March 1998

Fact Sheet:

Drug Court-Related Substance Abuse Treatment Program

Background

- A recent concept, drug courts now operate nation-wide. While rapidly expanding in number, their capacity is still relatively small, especially among rural and juvenile drug offenders. Janet Reno spearheaded the drug court concept in 1989 when she was Florida State's attorney for Dade County (Miami). The basic goal of drug courts continues to be increased effectiveness over probation or incarceration of non-violent drug abusers in:
  - reducing drug usage and recidivism,
  - providing intensive supervision,
  - promptly dealing with relapse to drug use and its consequences, and
  - offering the capability to integrate drug treatment with other rehabilitation services to promote long-term recovery, reduce costs, and other benefits.
- In 1994, the U.S. Congress enacted the Violent Crime Control and Law Enforcement Act (Public Law 103-322), authorizing Federal support for local and state drug courts through the Assistant Attorney General, Office of Justice Programs.
- California's first drug court began in Alameda County, in 1991. By 1994, there were 8 drug courts in California. In 1995, California's first juvenile offender drug court began in Tulare County and the original 8 had grown to 24 drug courts.
- By April 1997, 166 adult drug courts were operating and at least another 140 being planned in 48 states, the District of Columbia, Guam, and Puerto Rico. This statistic does not include 18 juvenile drug courts operating in 11 states and 41 being planned. The total number is expected to increase with stimulus from the Federal Fiscal Year 1997 Drug Court Grant Program appropriation of $30 million.

Common Types of Drug Courts

- The most common (about 44 percent) is the diversion/deferred prosecution or pre-trial models that afford first-time drug possession offenders a stay of prosecution if they participate in court-supervised treatment.
- A hybrid of this is the plea model (about 8 percent), in which the defendant enters a guilty plea before entering treatment.
- Post-adjudication models (about 38 percent) offer repeat drug offenders an opportunity to plead guilty and begin treatment prior to sentencing which is handed down after they complete or fail treatment.

Target Population

- Defendants targeted for drug courts have been charged with less-serious drug and drug-related offenses. They frequently have abused alcohol or other drugs for ten or more years, but only about one-fourth had been in at least one substance abuse treatment program during the previous three years. Approximately three-fifths had never been in treatment.
- Though many drug courts initially focused on first-time drug offenders, increasingly, drug courts are targeting offenders with more serious offenses such as possession of any controlled substance other than marijuana, often repeat offenders or probation violators.
- Drug courts are also beginning to focus their limited resources on individuals with serious

Office of Perinatal Services and Special Projects Branch
CA Dept. of Alcohol and Drug Programs 1700 K Street, Sacramento, CA 95814
Phone: (916) 323-4445 FAX: (916) 445-0846; TDD: (916) 445-1942

substance abuse problems, rather than on those with less severe problems who might be served by other programs. Last year, California drug courts reported that their participants most frequently had ''severe'' or ''moderate/severe'' problems with crack or cocaine, closely followed by heroin and methamphetamine, and somewhat less so with alcohol or marijuana.

- Nationwide, over 65,000 offenders have participated in drug courts *to date*. These numbers are small compared to the 100,000 or so people convicted of drug possession *each year*.

Improved outcomes for drug court participants

- A study revealed that in the month before sentencing, 50 percent more drug court defendants who participated in drug treatment had negative drug tests (i.e., were drug free) than those who were in other courts.

- Since the inception of drug courts, about 70 percent of the estimated 45,000 enrollees remain active participants or have graduated.

- Recidivism (after periods from 6 months to 3 years following treatment of all drug court *participants*) ranges from 5 to 28 percent, and is only 4 percent among drug court *graduates.* A study in Ventura, for example, showed that only 12 percent of drug court participants were re-arrested within one year, compared to 32 percent in the comparison group.

Cost effectiveness of drug courts

- The average cost for the treatment component of a drug court program ranges between $900 and $2,200 per participant, depending upon the range of services provided. Estimated savings in the cost of incarceration vary greatly depending on the program, but savings in jail beds alone are at least $5,000 per participant.

California's drug court-related substance abuse treatment program

- The 1997-98 Fiscal Year Budget Act, for California, appropriated $3,000,000 for 1997-98, and each of the next two fiscal years (1998-99 and 1999-2000), to be awarded to counties to develop and expand drug court-related substance abuse treatment.

- The awards will be made on a competitive basis. The County's Alcohol and Drug Program Offices has been identified as the formal applicant, however, coordination and collaboration with each County's District Attorney's Office, Probation Office, Public Defender's Office, and the pertinent court system is required and must be documented in the application.

California's drug courts today

- There are 57 drug courts (39 municipal, 10 superior, and 8 superior/municipal) in 31 counties of the State, including four courts for juvenile drug offenders. By large, medium-large, medium, and minimum base groupings these counties include:

  - Alameda, Contra Costa, Fresno, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, and Santa Clara;

  - Kern, Monterey, San Joaquin, San Mateo, Santa Barbara, Solano, Sonoma, Stanislaus, Tulare, and Ventura;

  - Butte, El Dorado, Humboldt, Mendocino, Placer, Shasta, and Yolo; and

  - Lake, Trinity, and Yuba.

More information

- For more information on Drug Courts visit the Department's Drug Court Web-Page at http://www.adp.cahwnet.gov/drgcourt.htm.

- For specific information regarding the Department's Drug Court-Related Substance Abuse Treatment Program call the Special Projects Section at (916) 323-4445. ❐